

# PRIVACY ACT RELEASE FORM

(From the Office of Congressman Mike McIntyre)

Name (Please Print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

\*\*\*\*\*

## OFFICE CONTACTED FOR ACTION

Washington \_\_\_\_\_ Elizabethtown \_\_\_\_\_ Leland \_\_\_\_\_

\*\*\*\*\*

## PRIVACY ACT STATEMENT

I hereby authorize Congressman Mike McIntyre to request information on my behalf from the following agency or department of the Federal government. This authorization includes the release to him, or member of his staff, any information relative to my concerns.

Name of Government Agency: \_\_\_\_\_

\*\*\*\*\*

( \_\_\_\_\_ ) ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Social Security Number \_\_\_\_\_ VA File Number \_\_\_\_\_ Immigration Alien Number \_\_\_\_\_

( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Office of Personnel Management (OPM) Claim Number \_\_\_\_\_ Office of Workers Compensation (OWCP) Claim Number \_\_\_\_\_

\*\*\*\*\*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## REMARKS:

Please provide detailed information about the problem you have with the particular government agency; then say what assistance you need. Please include the latest correspondence sent to or received from the agency related to your concerns.